



NOTARIZED STATEMENT OF INCOME

I/We, _____ and _____
Print name of Legal Parent/Guardian A Print name of Legal Parent/Guardian B

hereby swear to be the legal guardian(s) of _____.
Print name of Student

My/Our relationship to this student is _____.
(Ex. parent, guardian, relative, sibling)

My/Our address is _____.

The following information summarizes income that I/we currently earn:

Parent/Guardian Name	Employer Name	Hours Worked per Week	Hourly Rate	Weekly Income

Other income that I/we receive (check all that apply and provide *monthly* amount):

<input type="checkbox"/> Pension: \$ _____	<input type="checkbox"/> Unemployment: \$ _____	<input type="checkbox"/> Social Security: \$ _____
<input type="checkbox"/> Section 8: \$ _____	<input type="checkbox"/> CalWorks: \$ _____	<input type="checkbox"/> CalFresh: \$ _____
<input type="checkbox"/> Child Support: \$ _____	<input type="checkbox"/> Disability: \$ _____	<input type="checkbox"/> Alimony: \$ _____

The following person(s) is/are 100% dependent upon me/us for financial support (include student named above):

Dependent Name	Relationship to Legal Parent/Guardian	Age

I/We swear the information provided on this statement is true and correct, and includes *all* sources of income for my/our household.

Signature of Legal Parent/Guardian A

Signature of Legal Parent/Guardian B

NOTARY PUBLIC

This *Statement of Income* was sworn and subscribed to me on the _____ st/th day in the month of _____, 20 ____.

Notary Signature

Notary Stamp/Seal

This statement is to be used only when Federal Income Tax Return(s) is/are not available *or* if undeclared cash income for the household exists.